

SUPERVISORY COMMITTEE NOMINATION FORM

Department of Physics
Arizona State University

Date: _____ Type of Degree Committee: _____

Last, First, Middle: _____ ID No: _____

Local Address: _____

City _____ State _____ Zip _____

Email: _____

Members I have selected:

Committee Chair: _____

Committee Member: _____

Committee Member: _____

Committee Member: _____

The Director of Graduate Studies will select the final member of your committee. The Graduate Coordinator will notify you by email with the names of two faculty members to choose from. You will need to reply with your selection. PHD Committees require a total of five members. MS and MNS Committees only require a total of three members. This total includes the Committee Chair and the faculty member selected by the Director.

OFFICE USE ONLY

Date form submitted: _____ **Director emailed on** _____

Two Committee members chosen by Director:

Committee Member: _____ **or** _____

Student emailed with these two choices on _____

Student chose:

Committee Member: _____

02/05/07